ART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica CURRENT CORRESPOND	ICATION FEE (if required). Blocks 1 through 5 should be completed where on of maintenance fees will be mailed to the current correspondence address as correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
PO BOX 747	7590 10/0 ART KOLASCH CH, VA 22040-074			Ce I hereby certify that the	rtificate his Fee(s	of Mailing or Transı Transmittal is being		
	e e e e e e e e e e e e e e e e e e e						(Depositor's name)	
							(Signature)	
		——————————————————————————————————————			~~~		(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	FOR	ATTOR	NEY DOCKET NO.	CONFIRMATION NO.	
10/517,453	•		Ogari Pacheco			05-0106PUS1	5587	
TITLE OF INVENTION AND A PROCESS FOR PROTEASE INHIBITOR RITONAVI P	THE PREPARATION SO SOLUBLE, SO	of concentrated TABLE, AND ESS FOR PR	CONCENTRATI EPARING T	COMPOSITIONS FO ED PHARMA HELEOF	OR THE	ADMINISTRATION CAL COMPO	SITION COMPRISE	NG
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DI		E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	01/04/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
HUANG, GIGI 1. Change of corresponde		1612	514-365000	ne patent front page, lis		7-7-166-7-16-1-1-1-1-1-1-1-1-1-1-1-1-1-1	and the state of t	
"Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG CRISTALIA	ess an assignee is identi in 37 CFR 3.11. Comp NEE PRODUTOS QU	' Indication form ed. Use of a Customer A TO BE PRINTED ON	or agents OR, altern (2) the name of a si registered attorney of 2 registered patent a listed, no name will THE PATENT (print or data will appear on the by a substitute for filing (B) RESIDENCE: (CI	ngle firm (having as a per agent) and the name attorneys or agents. If a be printed. type) patent. If an assigned an assignment. TY and STATE OR Comments.	member es of up no name	a 2 Kolasci	Stewart, h & Birch, LLP ument has been filed for	
FARMACEUTI			***	, BRAZIL			<u></u>	
Please check the appropria	te assignee category or	categories (will not be pi	rinted on the patent):	Individual Co	rporation	or other private group	entity Government	
a. The following fee(s) an issue Fee Publication Fee (No Advance Order - #	b. Payment of Fee(s): (P A check is enclosed Payment by credit of The Director is here overpayment, to De	d. card. Form PTO-2038	is attach	ed.	own above) iency, or credit any extra copy of this form).			
. Change in Entity Statu	•	·	b. Applicant is no le					
IOTE: The Issue Fee and atterest as shown by the re	Publication Fee (if requ	ired) will not be accepted	d from anyone other that					
Authorized Signature _	my. 1	Date October 27, 2009						
Typed or printed name Mark J. Nuell			Registration No. 36,623					
his collection of informat n application. Confidentia ubmitting the completed a ins form and/or suggestion ox 1450, Alexandria, Vir Lexandria, Virginia 22315 lexandria, Populary, Pad	J-1-150.							
Inder the Paperwork Redu	icuon Act of 1995, no pe	ersons are required to res	pond to a collection of i	ntormation unless it di	splays a	vand OMB control nu	mber.	